V. S. No. 1

should state

of OCCUPA-

		-CERTIFICATE OF DEATH 03955
1. PLACE OF DEATH	ter.	(131)
County Dorches	ter.	Registration Dist. No.
Village or City Cambri Length of residence in city or town where de		No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
	n-Williard Ad l Muir St. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the work	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie	Todd.	22. I HEREBY CERTIFY. That I attended deceased from March 13 1033 to Upril 4 1933
6. DATE OF BIRTH (month, day, and year)	une 21.1879.	i last saw h win alive on aprel 4 , 19 33; death is said
7. AGE Years Months 53 9	Days If LESS the 1 day,	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	Carpenter & Painter.	Veresalised arteris - solucio Osta ol onsot Chronic Inephritis Chronic Inephritis 3-15-33 Clarebral Hummborio 4-4-33
12. BIRTHPLACE (city or town)	field,	Other Contributory Causes of importance: Contributory Causes of i
13. NAME A.A.A.d. 14. BIRTHPLACE (city or town) (State or country)		Name of operation Nous Date of What test confirmed diagnost fuel Calmuter Vas there an autopsy? No
15. MAIDEN NAME Sarah A 16. BIRTHPLACE (city or town) (State or country)	rmstrong.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Edwi (Address) Cambrid 18. BURIAL, CREMATION, OR REMOVAL	n Adams.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury
19. UNDERTAKER Frank E. (Address) Cambridge 20. FILED LAKE: 5, 19, 3, 3	Albaugh.	Natura of injury 24. Was diseasa or injury in any way related to occupation of decaased? No. If so, specify (Signed) Wyste M. D. M. D.

A Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	di più	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year ;
		P. T.	

ADDITIONAL SPACE FOR FURTHER STATEMENTS

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	ITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of inf	on should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI	1
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or-

STATE OF MARYLAND—CERTIFICATE OF DEATH PORPORATE LIMITE & 1. PLACE OF DEATH Dorchester. Registration Dist. No. County Cambridge, Md. No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Length of residence in city or town where death occurred vrs. mos, ds. How long in U.S. if of foreign birth? vrs. mos. John Frederick Barton. 2. FULL NAME 9 William St. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Mala White 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of Addie Hall July 29 1869 6. DATE OF BIRTH (month, day, and year) to heve occurred on the date stated above, at 5 . 30A .M. If LESS than 7. AGE Years Months Davs I day,hrs. 63 8 8 The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... 4-2-33 OCCUPATION Retired Jewharry 9. Industry or business in which work was done, es SILK MILL, Dealer. Banker. SAW MILL, BANK, etc. II. Total time (years) spent in this 10. Date deceesed last worked at this occupation (month and occupation ____ Cambridge, Md. 12. BIRTHPLACE (city or town) (State or country) W.H. Barton. Cambridge 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? 15. MAIDEN NAME MATT 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homloide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mrs. Addie Barton. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Place Cambridge .. Md .. Date .. April 1091933 ature of injury 19, UNDERTAKER Frank E. Albaugh. 24. Was disease or injury in any way related to occupation of deceased? No (Address) if so, specify . Cambridge, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

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Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhoge	July 5,1927	Peritonitis ,	3 days ago
BUREAU V.S.		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2
			• 10

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BIN

PHYSICIANS should state

stated EXACTLY.

AGE should be

TION is very important, See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE

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V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	County Dore	TH chester			Registration Dist. No	03957
	Village or City			(If 13 yrs. 9 mos.	No. Eastern Shore State Hospitst. death occurred in a hospital or institution, give its NAME instead of street and 24 ds. How long in U.S. If of foreign birth? yrs.	Ward number)
2	. FULL NAME(a) Residence: No		ertha Ben ake City,	Md.	St., Ward.	
	DEDCOMAL AND	D CTATICT	(Usual place		If nonresident give city or town at MEDICAL CERTIFICATE OF DEATH	id State
3. 5		R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 12,	1993
	Female William III married, widowed, or diversity of (or) WIFE of	nite proced	Sing	Le	(Month) (Day) 22. J HEREBY CERTIFY, That I attande April 3, 19 30, to April 12,	
6. I	53	Months 5	Days	, 1879 If LESS than 1 day,hrs. ormin.	I last saw h_eralive onApril_12,, 1933 to have occurred on the date stated above, at 2:15Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
OCCUPATION	8. Trada, profession, or p kind of work done. SAWYER, BOOKKE! 9. Industry or business in work was done, as: SAW MILL, BANK, 10. Date deceased last wo this occupation (mo year)	n which SILK MILL, etc	wn Home	time (years) nt in this upation Li Le tim	Pulmonary Tuberculosis	About 42yrs.
12. BIRTHPLACE (city or town) Chesapeake City (State or country) Md. 21. BIRTHPLACE (city or town) Chesapeake City (State or country) Md.					Other Contributory Causes of Importance: Epilepsy	Since Birth
FATHE	14. BIRTHPLACE (city or to (State or country)	5000	safras Nec	ck	Name of operation Date of	**
MOTHER 17.	16. BIRTHPLACE (city or to (Stata or country)	JWII)	Pa. Pa. Pal Record	ls	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	, 19
18.	BURIAL, CREMATION, OR I			15,1932	Manner of injury	
	UNDERTAKER 94 9 (Address) FILED JULY 2	19.3.3.	md Esta) sef / Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Cambridge Ma	NO LM. D

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Chronic interstitial nephritis 1921 Run over by street car 1 we Cerebral hemorrhage July 5,1927 Peritonitis 3 day		Example II	
Cerebral hemorrhage July 5,1927 Peritonitis 3 day		of importance were as follows:	Date of onset 1 week ago
BURRAU V. S.	1921	Run over by street car	1 week ago
DU MELLO	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Other contributory causes of importance:			
		Other contributory eauses of importance:	/
Gallstones May 1,1923 Gastroenteritis 1 3	May 1,1923	Gastroenteritis	1 year
		1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory eauses of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	03958
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1. PLACE OF DEATH	(13)
county Corchester.	Registration Dist. No. 116
Village or City Near Williams burg	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Retta May Brid	as T
(a) Residence: No. Hursock, Md. R.F.D	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Color or RACE Color or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended deceased from Sanchy on a April 180-1953
6. DATE OF BIRTH (month, day, and year)	lest saw her alive on Phil 19 ,1933; deeth is said
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at 11-H-m.
3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Dearrhis and enterely
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and pear) year) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Torchester Co- (State or country)	Other Contributory Causes of importance:
13. NAME John W. Briggs. 14. BIRTHPLACE (city or town) Borchester Co. (State or country)	Name of operation Dete of Was there an autopsy?
I 15. MAIDEN NAME Carrie F. Sones	What test confirmed diagnosis?
15. MAIDEN NAME Carrie F. Sones. 16. BIRTHPLACE (city or town) Darchester Co.	Accident, suicide, or homlcide?
(Stete or country)	Where did injury occur?
17. INFORMANT Monzo Jones (Address) Hurlock, Md. R.F. D	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Federalsburg Md Date Upr. 20", 1933	Nature of injury
19. UNDERTAKER 5. T. Trambtom & Son (Address) Federals gung Md.	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
20. FILED a find 19, 19 & 8 Nobert . It astruge	(Signed) Firegus M.D. (Address) Huslance mil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Ex	ample I		Example II	
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Chronic interstitial nephritis	MAY 8 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	The second second	July 5, 1927	Peritonitis	3 days ago
	n ziku tu v	~		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		3		

should state of OCCUPAitem of infor-

PHYSICIANS

stated EXACTLY. properly classified.

certificate.

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See instructions on back

TION is very important.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			<u> </u>	UU
County Dorchest	er		Registration Dist. No.//6	
Village or City <u>Vienna</u> Length of residence in city or town when	R. F. D.	Route 2 (II	No. St., St., F death occurred in a hospital or institution, give its NAME instead of street and number of the street and	Ward mber)
2. FULL NAME Infor			3	
(a) Residence: No.		of abode)	St., Ward. If nonresident give city or town and St	tale
PERSONAL AND STATE	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Colored	OP DIVODCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Ori 6 (Month) (Dev)	193_3
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended de	., 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Stillborn	April 6, Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 10:30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	death is seid
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	I1. Total ti sper occu	ime (years) nt in this upation	Still - born Other Coutributory Causes of Importance:	
(State or country)	enna, R. F	. D.		
14. BIRTHPLACE (city or town) [State or country) Dor . Co	ork Neck, unty, Vd.		Name of operation	•
16. BIRTHPLACE (city or town) (State or country) Dor			23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
(Address) Cambridge, 18. BURIAL, CREMATION, OR REMOVAL Place Fork Neck, 11d.		· 7 _{• ,19} 33	Manner of injury	
19. UNDERTAKER Robert Cep (Address) Vienna, R. 20. FILED pr. 7, 1933.			24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) E E T J J R	M. D.
		Registrar.	(Address) Cambridge, Md.	

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BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			- "		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 W. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 11 Y 5 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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The principal cause of dead	h and malated sames			
of importance were as follo	ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 6 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage Bl	JREAU V.S.	July5,1927	Peritonitis	3 days ago
L-				
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallslones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINIOR BEING THE TINEARING INK. THIS IS A DERMANENT RE

ANENT RECORD. Every item of infor-	CTLY. PHYSICIANS should state	ssified. Exact statement of OCCUPA-		
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	· CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
V. B.—WRITE PLAINL	mation should be	· CAUSE OF DEAT	TION is very impe	

			F MAR	YLAND-	CERTIFICATE OF DEATH	03962
1	L PLACE OF DEA				Registration Dist No III	6
	County Dore				Moglottation Diot. Not.	0
	Village or City	Hudson,	Ma.	()F	No. St. death occurred in a hospital or institution, give its NAME instead of street	
	Length of residence in c	ity or town where d	eath occurred?	4 yrs. 9 mos	dean occurred in a hospital of mishelder, give its 1441412 instead of street	mosds.
2	. FULL NAME.	ary E.	Dail.			
	(a) Residence: No	Hudson			St., Ward.	
otam	25500011111111		(Usual place		If nonresident give city or town	
	PERSONAL AN	R OR RACE		RIED. WIDOWED.	MEDICAL CERTIFICATE OF DEAT 21. DATE OF DEATH	H
		hite		(write the word)	April 27th	, 1933 (Year)
	If married, widowed, or divo					(rear)
	HUSBAND of (or) WIFE of Joh	n Elwar	d Dail		1 HEREBY CERTIFY, That I atter	nded dacaased from
6	DATE OF BIRTH (month, da	v and vear)	/6/1898		I last saw h alive on 19	death is said
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at $5 \cdot 15 \cdot 10^{-1}$.	and a second
	34	9	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
z	8. Trade, profession, or p	articular				Date of onset
110	kind of work done, SAWYER, BOOKKEE	PER, etc.	ouse Wo	rk	Co-cliv. Renal Voscular	
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK,	i which SILK MILL,	X		disease	Chur
CC	10. Data deceased last worthis occupation (mo		11. Total ti	ma (years)		my
0	this occupation (mo yaar)	nth and 193	Spar	tin this I2 pation	, \	
12.	BIRTHPLACE (city or town)	Dorch	ester C	ountv	Other Contributory Causes of importance:	
	(State or country)	Ma	ryland.	~	malunda	
IER	13. NAME Samu	el R. S	mith.			
FATHER	14. BIRTHPLACE (city or to	wn) Nov	a Scoti	a.,	Name of operation Data	of
	(State or country)		N.F	•	What test confirmed diagnosis? Was thera	an autopsy?
HER	15. MAIOEN NAME	nna E.	Spedden		23. If death was due to extarnat causas (VIOLENCE) fill in also tha follo	owing:
MOTHER	16. BIRTHPLACE (city or to	wn) Dorc	hester	County	Accident, suicide, or homicida? Data of injury	ML 19
-	(Stata or country)	6-74	Maryla	and.	Where did injury occur? (Sp. efy city or town, county and	(State)
17.	INFORMANT	Edward Huds	Pail.		Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC	C PLACE.
18.	BURIAL, CREMATION, OR F		011,		Mannar of Injury	
	Place James,	Md.		1/33.,19	Nature of injury	
10	UNDERTAKER Gra	nville	S. LeCor	nnte	24. Was disease or Injury in any way related to occupation of deceased	7
13.	(Address)	Cambrid			If so, specify	
20.	FILED Cept. 29,	1933	ERU	seff Registrar,	(Signed) Justule (Address) Campuse MM,	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	cample I		Example II		
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	Y 5 1833	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURZAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstanes		May 1,1923	Gastraenteritis	1 year	

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And the second s		
	•	

V. S. No. 1

item of inforshould state Exact statement of OCCUPA-PHYSICIANS -WRITE PLAINLY, WITH UNFADING INK --THIS IS A PERMANENT RECORD. Every stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF IBATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important. ż

1	1. PLACE OF DEATH			82-0	
	County Dorchester			Registration Dist. No.// C	
	Village or City Cambridge)		No. Eastern Shore State Hospitalt,	Ward
	Length of residence in city or town where de	eath occurred	7 yrs 10 mos	death occurred in a hospital or institution, give its NAME instead of street an 26 ds. How long in U.S. if of foreign birth?yrs.	d number) mosds.
:	2. FULL NAME Willi	am T. Di	ckerson		
	(a) Residence: No. Snow E	ill, Mar		St.,Ward.	
Name and		(Usual place		If nonresident give city or town a	nd State
-	SEX 4. COLOR OR RACE			MEDICAL CERTIFICATE OF DEATH	
3,	Male White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 14, (Month) (Day)	, 193 3
5a.	. If married, widowed, or divorced				(Year)
	HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attende	
	71	0		April 3, 1930 to April 14,	
-	DATE OF BIRTH (month, day, and year) AGE Years Months	Lys	10 1859	I last saw h im alive on April 14, 19 3	∠_; death is said
		Mas.	I day,hrs.	to have occurred on the date stated above, at 2 22 Pm. The PRINCIPAL CAUSE OF DEATH end releted causes of importance	
-	74 0	4	ormin.	were as follows:	Date of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	awyer		Cerebral Hemorrhage	
OCCUPATION	9. Industry or business in which	21114.22.	***************************************	Cerebrai demorrhage	10 days
	work was done, as SILK MILL, SAW MILL, BANK, etc.	racticer			uays
	10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this occupation			
_	year) Sept. 5, 1901.	OC31	yrs.	Other Contributory Causes of Importance:	
12.	BIRTHPLACE (city or town) Snow	Hill		outer of importance.	
		d		Cerebral arteriosclerosis	about
JER	13. NAME Edwin Dickerso	n			b yrs.
FATHER	14, Division Engle (city of town)	set Coun	ty	Name of operation Date of.	
_	(State or country)	Md.		What test confirmed diagnosis? Wes there as	autopsy? No
MOTHER	15. MAIDEN NAME Virginia			23. If death was due to external causes (VIDLENCE) fill in also the following:	
TO	16. BIRTHPLACE (city or town)	Snow Hi	11	Accident, suicide, or homicide? Date of injury	, 19
	(State or country)	Md.		Where did injury occur? (Specify city or town, county and Si	
17.	INFORMANT E.S.S. Hospital (Address) Cambridge		• • • • • • • • • • • • • • • • • • • •	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC F	LACE.
18.	BURIAL, CREMATION, DR REMOVAL Place Surve Hell Lond	Date Of	. 17 ,1933	Manner of Injury	
19.	UNDERTAKER Hearn & DEL	mis		24. Was disease or Injury In any way related to occupation of deceased?	No
20.	FILED Marely 1938 En	En Wal	A-Registrar.	(Signed) Cambridge Maryland	м. D

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINING

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. CAUSE OF DEATH in plain terms, so that it may be properly of TION is cery important. See instructions on back of certificate. mation should be carefully supplied.

STATE C	F MARY	LAND-	CERTIFICATE OF DEATH	1
1. PLACE OF DEATH	FILE-STATE		23	3964
County Dorchester			Registration Dist. No.	16
Village or City Cam	bridge, Mo	1,	No. Eastern Shore State Hospitast, death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution in the	Ward
Length of residence in city or town whera d	leath occurred	_yrs_1mos	3ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME George	Dudley	******		
(a) Residence: No. Madison,	Dorcheste	r Co., Md	l. St., Ward.	
PERSONAL AND STATIST	(Usual place of		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRI		21. DATE OF DEATH	
Male White	OR DIVORCED	(write the word)	April 7, (Month) (Oay)	, 19 3 5 (Yaar)
5a. If married, widowed, or divorced HUSBAND of Florence R (or) WIFE of	entz		22. I HEREBY CERTIFY, That I attended March 4, 19 3319 to April 7,	deceased from
6. DATE OF BIRTH (month, day, and year)	ctober 4.	1881	t last saw h im alive on April 7, 1933	; deeth is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 2:40 Am.	
51 6	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Famer		Pulmonary Tuberculosis	About
Industry or business in which				l yr.
work was done, es SiLK MILL, SAW MILL, BANK, etc	Rented			
10. Data deceased last worked at this occupation (month and year) December 25th	32 spant	e (years) in this ation About 1	-VT	
			Other Coatributory Causes of importanca:	l mis
12. BIRTHPLACE (city or town) BAT (State or country)	ahoo Wiscon	nsin	Tubercular Peritonitis	l wk.
13. NAME Edward Dudley				
14. BIRTHPLACE (city or town)U	nknown		Name of operation Data of	
(State or country)	Engl	and	What test confirmed diagnosis? Was there an a	ulopsy?_NO_
15. MAIOEN NAME Anna R			23. if death was due to external causes (VIOLENCE) fill in also the following	; :
10. BIKINPLACE (City of town)	nknown Engl	an d	Accident, suicide, or homicida? Data of injury	, 19
(State or country)		Lanu	Where did injury occur? (Specify city or town, county and Stat	e)
17. INFORMANT E.S.S. Hospital (Address) Cambridge, Md			Specify whather injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	6.64	1 5 23	Manner of injury	
Place Amountage	Oate Upr	1900	Natura of injury	
19. UNDERTAKER franville (Address) famble	S. Free	mple	24. Was disease or injury in any way related to occupation of deceased?	<u>[0</u>
20. FILED apr. 8, 1933	1 880	Nolf Registrar.	(Signed) Cambridge Mayland	/м. D.
76	blanks and and all als	L. C. C. D. C.	NO THE RESERVE	

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Dorchester Registration Dist. No. 116 Hudson, Md. Village or City No. St., - St., - (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred ______yrs.________ds. How long in U.S. if of foreign birth? ______yrs._________mos._________ds. 2. FULL NAME John W. Hubbard. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) vidowed 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That Lattended deceased from (or) WIFE of Susie E. Hubbard. TO/IO/I850. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than 1 day-hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. Date of onset 8. Trade, profession, or particular 5 days OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this X occupation ... Dorchester 12. BIRTHPLACE (city or town) (State or country) arvland FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? ______ MOTHER Margarett Wheatley 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following Dor. 16. BIRTHPLACE (city or town) (State or country) farvland. Where did injury occur?_____ (Specify city or town, county and State) E. Seward. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Hudson. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Md. Date 4/21/33. 19 Nature of injury LeCompte 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Granvi (Address) Maryland 20. FILED WAY. 20 19 3

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. Y.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1933	July 5,1927	Peritonitis	3 days ago
	BURNAU V. S.			
Other contributory ca	auses of importance;		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN

S. No.

12. BIRTHPLACE (city or town)

(Address)

OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Dorchester Registration Dist. No. 116 Village or City Cambridge. Gav Street. st, 2 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs. 6 mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME Mande T (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Fehale White arried (Month) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of Chas G. Kelser. 3/3I/ISS 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at. 7. AGE If LESS than Months Days 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..___ OCCUPATION 9 Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ____

(State or country) FATHER William 13. NAME 14. BIRTHPLACE (city or town) ____ (State or country) MOTHER Sophia Higgins. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19____ 16. BIRTHPLACE (city or town) (State or country) Jarvland (Specify city or town, county and State) Chas G. Kelser. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 17 INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury 24. Was disease or injury in env 19. UNDERTAKER __

If so, specify (Signed).

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			,-~	

V. S. No. 1

WRITE PLAINIT, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATHER plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1	
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ery	INS	ent	1	
. Ev	ICI	tem	1	-
ORD	HYS	sts		
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IT B	Y.	9		
NEN	CLI	ified		
MA	X V	lass		
PER	B	ly c	ate.	
Y	ated	oper	tific	
SIS	sta	pr	cer	
HI	be	. be	o	
	plno	may	back	
INK	sh	t it	ou	
5N	AGE	tha	ons	
VDI	d.	80	ucti	
NF	plie	rms	instr	
I	sup	in te	see i	
HI	A	pla	<u>ئ</u>	-
3	aref	E.	rtan	
S	oe c	AT	od w	
LAI	l bla	DE	IION is very important. See instructions on back of certificate.	
D D	shor	OF	s ve	
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2	ion	CS	Z	

	S	STATE C	OF MARY	LAND-	CERTIFICATE OF DEATH	6:37
:	1. PLACE OF DEA		NID DORPOR		93-0	00
	County Dorch			ra Limira ez	Registration Dist. No. 116	
	Village or City Ca	ambridge	, Md		No. 7 High Street. St., I death occurred in a hospital or institution, give its NAME instead of street and number	Ward
	Length of residence in o	city or town where	death occurred 5	(If	t death occurred in a hospital or institution, give its NAME instead of street and number in the long in U.S. if of foreign birth?yrsmos	r) ds.
	2. FULL NAME					pair .
	(a) Residence: No.		h Street	·	St., Ward. I	
,000	(a) Residence. No.		(Usual place of	abode)	If nonresident give city or town and State	
	PERSONAL AN	ND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
		or or RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH April 8th (Month) (Day)	3
5a.	If married, widowed, or div HUSBAND of	orced	No and the same			Year)
	(or) WIFE of	X			1 HEREBY CERTIFY, Thet I attended decea	sed from
	DATE OF BIRTH (month, da	w and wars T/	19/1863		Nest saw h 2 alive on april 8 1933 : deal	b is said
_	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at I.a. I.5	11 12 2010
	70	2	I9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
z	8 Trade, profession, or p	particular		1 01	Date	ofonset
110	kind of work done SAWYER, BOOKKE		X		Myrender Cy. 1	532
JPA	ndustry or business i work was done, as	SILK MILL.	Y		Will decomposition	
OCCUPATION	SAW MILL, BANK, 1D. Date deceased last wo	orked et	11. Total tim			
0	this occupation (mo	onth and	spent occup	in this X		
12	BIRTHPLACE (city or town	Balti	more		Other Centributery Causes of Importence:	
-	(State or country)	la la	laryland.)	Vecerline Cality 13	00
ER	13. NAME John	Koch			6.1.	
FATHER	14. BIRTHPLACE (city or t (State or country)	own)Gern	ian y		Name of operation Date of What test confirmed diagnosis?	Den
ER	15. MAIDEN NAME	Alwina W	ietscher		23. If death was due to external causes (VIOLENCE) fill in elso the following:	140-22-40
E IS. MAIDEN NAME Alwina Wietscher 16. BIRTHPLACE (city or town) (State or country) Germany					Accident, suicide, or homicide?, Where did injury occur?,	9
17. thFormant Chas J. Koch (Address) Cambridge, Maryland.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR Place Baltime			10/33	Manner of injury	
19. UNDERTAKER Granville S. Le Compte, (Address) Cambridge, Maryland.					24. Was disease or injury in any way related to occupation of deceased?	0
20.	FILED Cyr 9.	1983	E & 4	Registrar.	(Signed) The Mace Market Marke	M. D.
		If more	blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1 NAV 6 1933	1915	Attack of epilepsy	1 week ago	
Chronie interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
	to the transfer of the control of th				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		<u></u>			

	PLACE OF DEATH	STATE OF MARTLAND
	ounty Dorchester	CERTIFICATE OF DEATH
C	ounty DO PCH 48 L4 P	Registration Dist. No. 112.
Ville	age or City Rhodesdale, R.D. (No.	St: Ward) (If death occurred in a hospital or institu-
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	ele White Single, Married. MARRIED, WIDOWED OR DIVORCED (Write the word)	April 13th . ,1933 . , 192
6 D	ATE OF BIRTH	April 12th., 1933, to April 12th., 1933
	February 19th., 1859.	that I last saw h im alive on April 12th.,, 1923.
7 AC	73. yrs. 1. mos. 25 de or min. ?	The CAUSE OF DEATH & was as follows: Appoplexy.
Op (F	articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) IRTHPLACE (State or country) Germany.	Contributory Arterio-sclerosis. Contributory Secondary (Dyration) Syre. A mos. de
	William Kragenbrink.	(Signed) Faward & FaurRun. M.D. 4/13/33. 192 (Address) Vienna, Md.
RENTS	11 BIRTHPLACE OF FATHER (State or country) GOTMANY. 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER Amelia Safeldt.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
NOT THE REAL PROPERTY.	13 BIRTHPLACE OF MOTHER (State or country) Germany.	At place of death yrs mos da, State, yrs mos da
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Anna Kragenbrink. (Daughter	Former or usual residence
700000	(Address) Rhodesdale, R.D., Md.	East New Market april 15, 1933
15	Filed 4/14/33. 192 Elizabeth M. braft. Registrar	Frank albangh Cambridge
	If more blanks are needed, address State Registrar.	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1

...

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulress of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) additional line is provided for the latter statement; it r..ture of the business or industry, and therefore an enry to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary framen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, er," etc., without more procise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material stare occupation at beginning of iliness. If retired from or given up on account of the disease causing DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. ;wed S yrs.). For persons who have no occupation rusiness, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

ELACEMENT of Cause of Death—Name, first, the DISY ELASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronohopneumonia ("Pneumonia.")

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

head of "contributory." unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ary), 10 ds. Never report merc symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); Measles; ment of cause of death approved by Committee on rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart diseases quences (e. g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," ctc., when a definite disease vuisions," If this certificate is looked over thoroughly and all ques-Nomenciature of the American Medical Association.) ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deares state Micans of injust State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitie," etc. (name origin; "Cancer" is less definite; avoid Poisoned by carbolic acid—probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway "Debility" ("Congenital," "Senile," etc.), Example: Measles (disease (Recommendations on state-(merely

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Other contributory causes of importance:	12.50	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS.	BA	PHYSICIAN
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M)	y item of infor-	S should state	t of OCCUPA-	1
•	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be cargfully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINE	A PERMANENT	ed EXACTL	perly classified.	ficate.
SERVED FO	NK-THIS IS	should be stat	it may be prop	TION is very important. See instructions on back of certificate.
MARGIN RE	UNFADING I	supplied. AGE	terms, so that	ee instructions
•	AINLY, WITH	d be carefully	DEATH in plain	important S.
V. S. No. 1	BWRITE PL.	mation shoul	CAUSE OF	TION is very
V.S	ż			

			OF MAR	YLAND-	CERTIFICATE OF DEATH (3970
	1. PLACE OF D				49
		Dorchester			Registration Dist. No. // 6
	Village or City	oolford	, 16.	(II	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence	or town where	. death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs,mosds.
	2. FULL NAME	Ref	ie Opher		
			lford, 11d, (Usual place	of abode)	St., Ward. If nonresident give city or town and State
_			TICAL PARTI		MEDICAL CERTIFICATE OF DEATH
3.	. SEX 4. C	OLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 4
F .	Female	Colored	Marrie	ed	Mortl 4 ,193 3 (Month) (Day) (Year)
эа	e. If married, widowed, or HUSBAND of (or) WIFE of	divorced idrew Ophe	n		22. A I HEREBY CERTIFY That I attended deceased from
_	7.2.4	iai on Opiio	1		1937, to 67 4, 1933
-	DATE OF BIRTH (month		Unknow	1	I last saw h alive on, 19-3-3; death is said
7.	AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, atm.
_	About 47			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, a kind of work do SAWYER, BOOK	or particular one, as SPINNER,	TTo 11 d out o m		Cacaronia
Ĕ	9. Industry or busine		Houseworl		7 0000 1730
UPA	work was done	as SILK MILL, NK, etc	Servant		0
OCCUPATION	10. Date deceased last		1	ime (vosco)	
Õ	this occupation	(month and	spe	ime (years) nt in this upation	
-				•	Other Coutributory Causes of importance:
12	2. BIRTHPLACE (city or to (State or country)		r <u>unurch (</u> vland.	reek	
~	1	John Enn	_		
FATHER	13. NAME		alls		· · · · · · · · · · · · · · · · · · ·
FA	14. BIRTHPLACE (city (State or count)		7		Name of operation Date of
~	15. MAIDEN NAME		yland.		What test confirmed diagnosis? Was there an autopsy?
MOTHER	13. MAIDEN NAME	Amanda C	Ornish		23. If death was due to external causes (VIOLENCE) fill In also the following:
MOM	16. BIRTHPLACE (city of (State or count)				Accident, suicide, or homicide?, 19,
-			yland.		Where did injury occur? (Specify city or town, county and State)
17	7. INFORMANT	r. Andrew			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	B. BURIAL, CREMATION, C	R REMOVAL			Manner of injury
	Place Madiso	n, Hd.	Date Apr	5 ,19 33	Nature of injury
19		nald Rich			24. Was disease or Injury in any way related to occupation of deceased?
20	D. FILED CAPT: 4	, 19 33	884	Valff Registrar.	(Signed) Charles M. D. (Address) Carrelled M. D.
Deltaur	+	If mor	e blanks are needed. a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
					-T O One Dummere, Medicing V. J. 170, 1.

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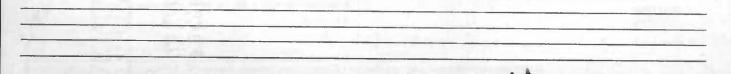
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HIREAU V	10	No.	
	1		
Other contributory causes of importance:	07300	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



state

should

PHYSICIANS

AGE should be stated EXACTLY

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1 2

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Exact statement of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9
County Ovr,	Registration Dist. No.
Village or City new 6, 2 market	No St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Viscomage at 2 m	co. Unnupacker
	Al .
(a) Residence: No. (Usual place of abode)	St., Wafd If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	West consider as 6 193
5a If merried widowed or divorced	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from 22, 19 5 5, to, 19
6. DATE OF BIRTH (month, day, end year)	1 last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate specialized (month and specialized) 11. Total time (years) 20. this occupation (month and specialized)	
11. Total time (years) this occupation (month end year) year) occupation	
12. BIRTHPLACE (city or town) Near. E. n. market	Other Contributory Causes of importance:
(State or country)	
13. NAME Harman famy foller	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lellian Kil man	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur?
17 INFORMANT Factor,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) E. n market mil	
18. BURIAL, CREMATION, OR PEMOVAL	Manner of Injury
Piace Desposed upor bod 1975	- Nature of injury
	24. Was disease or injury in any wey releted to occupation of deceased?
19. UNDERTAKER(Address)	If so, specify £
O C C C C C C C C C C C C C C C C C C C	(Signed) M. D.
20. FILED (1927-24, 1933)	(Address) Nechlack mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	P. P	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	4	_	-	-

County Dorchester	Registration Dist. No. //6
Village or City Cambridge	No. Washington St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4 eyrs	mos. 24 ds. How long in U.S. if of foreign birth?mosds
2. FULL NAME Rosie Roberts	
(a) Residence: No. Washington St.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
emale 4. color or race 5. single, married, widower or Divorced (write the word Married)	21. DATE OF DEATH April 8 ,193 (Month) (Day) (Yaar)
If married, widowed, or divorced HUSBAND of (or) WIFE of Bruce Roberts	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Aug. 15, 1886	May 1931 ,19 ,to April 8, 1933 1 1 1 1 1 1 1 1 1
AGE Years Months Days If LESS the 46 7 24 f day, ormin.	
8. Trade, profession, or particular kind of work done, as SPINNER, None SAWYER, BOOKKEEPER, etc.	Myocarditis, Ch. 193/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cerebral thrombosis 193/
10. Date deceased last worked at this occupation (month and year)	
BIRTHPLACE (city or town) Cambridge Md. (State or country)	Other Contributory Causes of importance:
13. NAME Jermiah Locks	
Md	Name of operation None Date of
f4. BIRTHPLACE (city or town) (State or country) Cambridge	What test confirmed diagnosis? Exam Was there an autopsy?
15. MAIDEN NAME Mary Gamby	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) and ridge	Accident, suicide, or homlcide?
INFORMANT Bruce Roberts (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Place Cambudge Date apr. 10, 194	Manner of injury
UNDERTAKER Sewis Baynem) (Address) Cambridge	24. Was disease or injury in any way related to occupation of deceased?
FILED april 10, 19 33 E E Wolff Registra	(Signed) Jahn Morey M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis /	3 days ago
		KECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	-1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 6: 1930	;		
Other contributory causes of importance: U		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOI	R FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH occupa-1. PLACE OF DEATH Dorchester Registration Dist. No. Cambridge, Md. Village or City____ ND. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ______yrs, _______ds. How long in U.S. if of foreign birth? ______yrs, ______mos. statement 2. FULL NAME William Jackson Shores. 308 Belvedere Ave. St., Ward. (a) Residence: No. Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Ma.7 e White classified 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of June 16.1862. 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Months Days If LESS than to have occurred on the date stated abova, at, stated 1 day, ____ hrs. 70 18 or min. OCCUPATION may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ plnous 10. Date deceased last worked at this occupation (month and 11. Total time (years)
spent in this occupation ___ 40 TT instructions 12. BIRTHPLACE (city or town) Chance, (Stata or country) FATHER 13. NAME Shores. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Chinical be carefully ant. DIHER Elizabeth Tigner. 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also tha following: Chance, Md. Accident, suicide, or homicide?_____ Date of injury_____ 19____ 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? ____ DE Mrs. Claude Benton. Cambridge, Md. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place Chance, Md. Data April 6.1933 mation 24. Was disease or injury in any way related to occupation of deceased? Zeo Frank E. Albaugh. 19. UNDERTAKER _____ If so, specify Cambridge, Md Registrar. (Address)

If nonresident give city or town and State April 4, 1933 HEREBY CERTIFY. That I attended deceased from Date of onset (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Findout the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	Leg little date	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 1 1 1 1 1	9		
Other contributory causes of importance:	1	Other contributory causes of importance:	./.
Gallstones	May 1,1923	Gastroenteritis	1 year

WIFE'S	NAME CORRE	AL SPACE	ACCORDAN	CE WITH	TEMENTS LETTER	FILED May Lo,	1933
	under Dr.	E. A. Jo	nes, Hea	lth Offi	cer. I		

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforof OCCUPA-Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

MARGIN RESERVED FOR BIND

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Dorchester	Registration Dist. No. 116
Village or City Woolford, Md. (III	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Roy Melvin Smith	
	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH April 23 ,193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Inst et all 19 to 19
6. DATE OF BIRTH (month, day, and year) (20.29 1932.	I last saw h alive on, 19, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at _4:50_ Am.
4 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Whatping Caugh
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) 1001ford, (Stete or country) Naryland.	Other Contributory Causes of importance:
13. NAME Floyd Smith	
13. NAME Floyd Smith 14. BIRTHPLACE (city or town) Talbot County (State or country) War yland.	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mary Ruth Edwards	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Ruth Edwards 16. BIRTHPLACE (city or town) Mary land.	Accident, suicide, or homicide?
17. INFORMANT Ur. Floyd Smith (Address) Woolford, Wd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Madison, Ld. Date Apr. 1 24 , 19 33	Manner of injury
19. UNDERTAKER Charley Shenton (Address) Woolford, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. ADr. 24., 19.33 EEWolff. Registrar.	(Signed) M. D. (Address) Cauch age Reg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.-The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

for cuthorety to change do	to of treste Ree
birth Certificals	
1) 20.	

V. S. No. 1

4 5.			OF MAR	YLAND-	CERTIFICATE OF DEATH	3976			
	ACE OF DEA				(82·a)				
	ounty Dorch		175		Registration Dist. No. <u>II6</u>				
	illage or City Hu				NoSt.,War				
	ength of residence in ci				ds. How long in U.S. if of foreign birth?yrsm	osds.			
	JLL NAME								
(8	a) Residence: No	Hudson	n, Md. (Usual place	of abode)	St., Ward. If nonresident give city or town and	l State			
F	PERSONAL AN	ID STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX Ma.		hite		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 23rd (Month) (Day)	, 193 3 (Year)			
5a. If ma HUS (or)	rried, widowed, or divo BBAND of WIFE of	orced E.	Seward.		22. I HEREBY CERTIFY, That I attended				
6 DATE	OF BIRTH (month, day	v and voar)	1/2/1856		Hast saw h. hi alive on aful 20 19 3 2	: death is said			
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 9/00Pm.	, death is said			
	77	7	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance				
8. 1	rade profession or p	articular		ormin.	were as follows:	Date of onset			
Õ	kind of work done, SAWYER, BOOKKEE	as SPINNER, SI PER, etc	nipRCarp	enter		4/21-33			
A S	ndustry or business in work was done, as S	SILK MILL.	x						
J 10. [SAW MILL, BANK, of			ime (vears)		-			
00	Date deceased last wor this occupation (mo year)	nth and 19	3I spe	ime (years) nt in this upation 45					
. DIDTI	UPLACE (ib. a. b. a.)	Thomas	chester		Other Contributory Causes of importance:				
	HPLACE (city or town) State or country)		aryland.	<u></u>		-			
13. N	IAME Samue	1 Thoma	ls.			-			
13. N	URTHPLACE (city or to	Dan	rchseter	Co.	Name of operation Date of				
E	(State or country)	·····//	Maryla		What test confirmed diagnosis? Was there an	autoney? 20			
15. №	ALDEN NAME	Sarah S	Seward.		23. If death was due to external causes (VIOLENCE) fill in also the following				
15. M	IRTHPLACE (city or to (State or country)	wm) Doro	chester aryland	Co.	Accident, suicide, or homicide? Date of injury Date of injury Occur?				
17. INFORMANT Mrs Thos Spedden. (Address) Huddon, Md.					(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.			
18. BURIAL, CREMATION, OR REMOVAL Place James, 11d. Date 4/25/33 to					Manner of injury				
				**************************************	Nature of injury				
	RTAKER Gra. Address)	nville Cambri	S. LeColdge, Md	mpte.	24. Was disease or injury in any way related to occupation of deceased?	70			
20. FILED	apr. 24,	19 5 3	ERU	Registrar.	(Signed) Cambridge Mix	M. D.			
	0	If more	blanks are needed	ddress State Registrar	24 N. Charles Street Religions Promotor F. C. No.				

62000

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Example I	* Adaptive	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINT KG

V. S. No. 1

PHYSICIANS should state B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be expecult. Exact statement of OCCUPAstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

STATE OF MAR	YI AND-CERT	IFICATE	OF DE	ATH
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1	. PLACE OF	DEA	TH	1417 (14		(35)	177
	County	Dorch	nester			Registration Dist. No.	6
	Village or Ci	ity	Cambi	cidge		No. Eastern Shore State Hospitst.	Ward
	Length of resid	dence in c	ity or town where d	leath occurred1	(1i yrs9mos	death occurred in a horpital or institution, give its NAME instead of street and nur. 5ds. How long in U.S. if of foreign birth?yrsmos.	nber)
2	. FULL NA	ME	Mary I	C. Wiggin	S		
	(a) Residence	ce: No	Millingto	on, Maryl (Usual place	and of abode)	St., Ward. If nonresident give city or town and St	ate
particular services	PERSON	AL AN	ND STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX		OR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 26	983
	Female		hi te	Mar	ried	(Month) (Day)	(Year)
52.	HUSBAND of (or) WIFE of	Valte	orced or W. Wigg	gins		22. HEREBY CERTIFY, That attended de May 21, 19 31, to April 26,	ceased from
6. 1	DATE OF BIRTH (month, de	ey, and year) A	March 1.	1856		
7. /	. AGE Years Months Days If LESS tha				If LESS than	to have occurred on the date stated above, at 9:05A.m.	
	7	77	1	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc Housewife 9. Industry or business in which					Cerebral arterio-sclerosis	5 yrs.
SUP	SAW MIL	done, as L, BANK,	SILK MILL, etc	Own Ho	me		ago
000	10. Date decease this occur year)	ad last wo	orked at oath and + yrs, ag	11. Total to	ime (years) nt in this upation_Lifet	Other Contributory Causes of importance:	
12.	BIRTHPLACE (cit (State or cour) Cheste	r County Pa.		Other Contributory Causes of Importance:	
ER	13. NAME	Unk	nown				
FATHER	14. BIRTHPLACE (State or		chest	er Count	y Pa.	Name of operetion Date of What test confirmed diagnosis? Was there an aut	
ER	15. MAIDEN NA	ME	Mary Bok	er	1 257 - 7	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (State or		own)		ounty Pa.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
7.	INFORMANT	-	.Hospi tal			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Е.
18.	(Address) Cambridge, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Compton med Date april 19, 1933.					Manner of injury	
19.	UNDERTAKER	par	the End	Good on my	Į	24. Was disease or injury in any way related to occupation of deceased? If so, specify	No
20.	FILED Opt	1.27.	19 33 1	ERL	Volf Registrar.	(Signed) (Signed) Cambridge, Md.	NLM. D.

If more blanks are needed, address State Registrar, 2411 N. Charles breet, Baltimore, Requesting V. S. No. 1.

Church Will

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I SCHIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 240/ 6 1023	July 5,1927	Peritonitis	3 days ago
	STREAM VS.	į		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				100

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E MARGIN RESERVED FOR BIND

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 62020
1. PLACE OF DEATH	24) (3978
County Dischester	Registration Dist. No. //6
Village or City Cambudge	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs3mos	2-4. ds. How long in U.S. if of foreign birth?
2. FULL NAME George albert Was	Demo
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, end year) 2 /5 3 %	1933, to and 16, 1933 1933; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 6:00 5 m.
2 3 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this programme) and the control of the	Inherentens Meningetis 1953
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Cambudge (State or country)	Other Centributory Causes of importance:
13. NAME	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Classification Was there en autopsy?
15. MAIDEN NAME Lidia Wilkins	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT annie W. King (Address) J-O A Daughlas St Camt. Tra	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place But Date April 3, 19 3 3	Manner of injury
19. UNDERTAKER A Solution (Address) ZZ9 ZZgluby	24. Wes disease or injury In any way related to occupation of deceased? If so, specify
20. FILED apr. 27, 1933 Erwolf Registrar.	(Signed) Carally Stellan M. D. (Address) Cambridge 9nd
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

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